

Agreement for Race to the Top – Early Learning Challenge Grant Application Reviewers

Disclosure of Information

I understand that the U.S. Department of Education (ED), in partnership with the U.S. Department of Health and Human Services (HHS), is the sole owner, and retains full control, of the records that I receive, review, and generate in my role as a peer reviewer in the Race to the Top – Early Learning Challenge grant review process. I agree not to disseminate any such records or to disclose any information contained in such records to any outside party.

I understand that ED and HHS plan to disclose records and information pertaining to this competition, to the extent such disclosure is permitted by law and will not compromise the integrity of the process or ED and HHS's deliberations.

I understand that any documents or other records that I may receive, review, or generate as a peer reviewer may be records subject to disclosure under the Freedom of Information Act (FOIA) (5 U.S.C. §552). I understand that such records may be exempt from disclosure under FOIA and that ED and HHS exclusively hold the rights to determine initially what records, if any, will be disclosed to the public and when, pursuant to FOIA.

I understand that at the conclusion of the competition, ED and HHS will make public the names of peer reviewers for the competition, and also the final technical review forms (TRF) that I complete for each application. I understand that to preserve the integrity of deliberative process ED and HHS will generally not identify an individual peer reviewer name with particular State applications or TRFs.

Confidentiality and Integrity of the Review Process

I agree to protect the confidentiality and integrity of the review process in all respects. Specifically, until I receive explicit, written permission from ED and HHS to do otherwise:

- I will not announce, confirm, or disclose my selection to the public as a peer reviewer for the Race to the Top – Early Learning Challenge competition, until ED and HHS officially release that information.
- I will not contact any party, including the originator of an application, concerning the contents of an application, or engage in any discussions regarding Race to the Top – Early Learning Challenge with outside individuals, including individuals who prepared or were involved in the preparation of any State's Race to the Top – Early Learning Challenge application.
- I will not talk to the press or any other media source about my involvement as a peer reviewer.
- I will not read draft or final applications that States or other parties may have posted online or otherwise seek information about States' Race to the Top – Early Learning Challenge applications while serving as a peer reviewer.

- I will protect the confidentiality of State applications and ED/HHS documents related to the Race to the Top – Early Learning Challenge competition. I will take precautions to ensure that these documents are not disclosed, and are not lost or misplaced. For instance, I will not read documents out in the open (e.g., on public transportation, or in a coffee shop), I will not scan or duplicate such documents, or load such documents onto a computer.
- I agree not to discuss the information, concepts, and procedures contained in the applications outside of the designated reviewer rooms both during and after the review process. I further agree to discuss them only with the panel members, competition managers and other appropriate ED and/or HHS staff and to discuss them only in the context of and under the procedures for application review.
- I agree to follow the written instructions provided by ED/HHS for completing the TRFs.
- I agree to comply with all instructions from ED/HHS concerning the maintenance, use and disposition of all applications and related documents. At the conclusion of the review process, I agree that I will not retain any originals, copies of documents or parts of documents, and electronic files related to this review, including any notes that were taken on any/all applications that I have received or reviewed.
- I will ensure that no other person has access to the grant applications (this includes ensuring that no other person has access to the software or my password or identification number or can study the computer screen while I enter scores and comments).
- I will not allow others to enter my comments or scores into the electronic system unless I have a disability and need assistive services of other persons.

Conflict of Interest

- ☐ By checking this box, I certify to the best of my knowledge that I do not have a direct conflict of interest with respect to any of the applications being considered for this competition.

I will have a direct conflict of interest in this competition if, for an application submitted to this competition:

- I have agreed to serve as an employee or consultant, or otherwise provide assistance or advice, on any project for which funding is being sought in any Race to the Top – Early Learning Challenge application, or have been offered the opportunity to do so, and have not yet accepted or declined, based on whether a grant is awarded;
- I otherwise have personal financial interests that will be affected by the outcome of the Race to the Top – Early Learning Challenge grant competition; or
- I helped prepare one or more applications in the Race to the Top – Early Learning Challenge grant competition, even if I do not have a financial interest in the outcome of the competition.

Please check **only one** of the following statements:

- ☐ I certify to the best of my knowledge that I do not have an indirect conflict of interest with respect to any of the applications being considered for this competition.

I will have an indirect conflict of interest in this competition if, for an application submitted to this competition, any of the following has a personal financial interest in the outcome of the competition:

- My spouse, my child, a member of my household, or any relative with whom I have a close relationship;
- Any employer I have served within the last 12 months; my business partner; an organization that I have served as an officer, director or trustee within the last 12 months; or an organization that I serve as an active volunteer;
- Any person or organization with whom I am negotiating or have an arrangement concerning future employment; or
- Any professional associate – including any colleague, scientific mentor, or student – with whom I am currently conducting research or other professional activities or with whom I have conducted such activities within the last twelve months.

OR

- ☐ I understand that ED has determined that I do have an indirect conflict of interest, as defined above, for which a waiver will be granted. I agree that I will follow all conditions outlined in the waiver memorandum, which is attached.

By checking all of the statements below, I certify and/or understand that:

- ☐ I am not currently an employee of a State Agency that administers public funds or supervises the administration of public funds for the Child Care Development Fund, the Individuals with Disabilities Education Act Part C and Part B Section 619, State-funded preschool, Home Visiting, Title I of the Elementary and Secondary Education Act of 1965, the Head Start State Collaboration Grant, the State Advisory Council on Early Care and Education, Title V Maternal and Child Health Services Block Grant; the State's Child Care Licensing Agency; or a State's Education Agency.
- ☐ In order to avoid an appearance of partiality, I will not be assigned to review an application from my state of residence.
- ☐ I am not otherwise aware of any circumstances that might cause a reasonable person with knowledge of the relevant facts to question my impartiality in serving as a reviewer for this competition.
- ☐ Attached to this document are my responses to conflict of interest questions that I provided to ED/HHS in writing or in discussions with ED/HHS officials prior to my selection as a peer reviewer. To the best of my knowledge, these responses are accurate.
- ☐ Based on information I have provided or may provide during the review, ED/HHS may have determined or will determine that I am disqualified from reviewing applications from a particular State or States. If applicable, I agree to abide by any disqualifications.
- ☐ I will promptly notify the appropriate program official if I become aware of any other circumstances that might cause someone to question my impartiality in serving as a reviewer for this competition. I further agree to promptly notify the panel monitor or other appropriate program official if, while reviewing the applications assigned to me, I discover that I may have a direct or indirect conflict of interest not previously identified.

Agreement on Scope of Work

- A. Before reviewing and scoring any application, I will carefully read all instructions to reviewers, priorities, regulations, criteria, frequently asked questions, and the TRF, all of which will be made available to me by the appropriate program official;
- B. I will carefully review and score all applications provided to me;
- C. I will score each application solely on its content and the degree to which the application meets the appropriate priorities and criteria;
- D. I understand that applications are made available to peer reviewers solely for the purpose of reviewing those applications against the selection criteria of the grant program;
- E. I will complete a TRF for each application, which includes recording the scores, writing comments to justify the scores, and submitting the scores electronically, as instructed by Department officials; and
- F. I understand the importance of providing thoughtful and constructive comments justifying my scoring of applications.

By signing below, I acknowledge and agree to the terms outlined in this agreement. I understand and recognize that the Department reserves the right to remove me from serving as a peer reviewer in the event that I violate a term of this agreement or am disqualified from service due to a conflict.

Printed or Typed Name of Reviewer

Signature of Reviewer

Date